## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Uso Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying			
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65147	7590 08/12	2/2008		Ces	tificate of Mailing or Tr	ansmission	
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			Į			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR .	ATTORNEY DOCKET NO	O. CONFIRMATION NO.	
10/712,842	11/12/2003		Yanbin Yu		U001 100014	9497	
TITLE OF INVENTION: FAST SYMBOL TIMING RECOVERY FOR TRANSMITTED DIGITAL DATA							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) I	DUE DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	11/12/2008	
r		ART UNIT	CLASS-SUBCLASS	٦	•••		
EXAM	<del></del>	2611.	375-329000				
WANG, TED M 2611. 375-329000  1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list							
CFR 1.363).							
Change of correspondence address (or Change of Correspondence or agents OR, alternatively,							
"Fee Address" ind	ication (or "Fee Address 2 or more recent) attact	" Indication form	registered attorney 2 registered patent	the name of a single firm (having as a member a gistered attorney or agent) and the names of up to egistered patent attorneys or agents. If no name is 3			
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🕱 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are submitted:  4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)							
A check is enclosed.							
Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3940 (enclose an extra copy of this form							
Advance Order -	of Copies		overpayment, to D	eposit Account Numb	er 50-3940 (enclo	se an extra copy of this form).	
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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interest as shown by the			Office.				
Authorized Signature Charles Mackinson Date November 6, 2008  Typed or printed name Charles Mackinson Registration No. 30, 084							
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